

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/890181</div>		FILING DATE 	
						APPLICANT(S) 			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	10						TOTAL DEP.		
TOTAL CLAIMS	18						TOTAL CLAIMS		